

Missouri Department of Health and Senior Services' (MDHSS) - Program for Dietetic Interns (PDI)
EDUCATION FACILITY OPENINGS FOR 2014-2015

Name of Registered Dietitian or Nutrition Department's Contact: _____

Job Title: _____ Credentials: _____

Preceptor Works: ☐ Full-Time ☐ Part-Time

If part-time, is there another (or several other) preceptor(s) that will be available to assist in mentoring the intern when you are not working? ☐ Yes ☐ No

Preceptor's Days of the Week at Work:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Hours during the day/night you are scheduled to work: _____

What days, due to holidays or site meetings, will your rotation site close? _____

Do you anticipate the intern(s) will work on Saturdays while at your site? ☐ Yes ☐ No

Phone Number: (_____) _____ Fax Number: (_____) _____

Name of Facility/Business: _____

Street Address: _____

City/State/Zip: _____

Preceptor's Email Address: _____

Facility Information

Brief description of facility/agency/institution (mission, population served, etc): _____

Number of Registered Dietitians employed full-time: _____ part-time: _____

Number with advanced degree and/or specialized certification: _____

Number of Registered Diet Technicians employed full time: _____ part-time: _____

Typical daily inpatient/client census: _____ Weekly outpatient census: _____

Which rotations could be accomplished at this facility (check all that apply):

• **COMMUNITY:**

- ☐ WIC ☐ Head Start ☐ Public Health ☐ Wellness ☐ School ☐ Long-Term Care
☐ Other _____

• **MANAGEMENT:**

- ☐ School ☐ Acute Care ☐ Long-Term Care ☐ Rehab
☐ Other _____

Name of Foodservice Director: _____ Credentials: _____

Basic type of operation (e.g. Cook-Chill, Conventional, Room Service, etc): _____

Number of employees FTEs _____ Number of meals served per day: _____

• **CLINICAL NUTRITION**

- ☐ Long-Term Care ☐ Inpatient ☐ Outpatient ☐ Critical Care ☐ Staff Relief ☐ Surgical
Other _____

Specific Disease Processes:

- ☐ Weight Management & Obesity ☐ Diabetes ☐ Cancer ☐ Cardiovascular ☐ Gastrointestinal
☐ Renal ☐ Other _____

Please indicate whether you are willing to host MDHSS Dietetic Interns, the number of interns you are willing to sponsor for each type of rotation, and how many PDI interns you would want at your facility at the same time. Thank you for the support shown to the dietetic profession!

• **COMMUNITY AND PUBLIC HEALTH NUTRITION ROTATIONS**

SESSION I - Begins on **August 18th** and ends on **October 10th**

SESSION II - Begins on **January 5th** and ends on **February 6th**

____ No, I will not be able to host interns

____ Yes, I will host _____ intern(s)

____ Number of PDI interns my site will take at the same time

____ Week(s): Length of time preferred for rotation

• **MANAGEMENT ROTATIONS** - Begins on **October 13th** and ends on **December 16th or 17th**

____ No, I will not be able to host interns

____ Yes, I will host _____ intern(s)

____ Number of PDI interns my site will take at the same time

____ Week(s): Length of time preferred for rotation

• **CLINICAL NUTRITION ROTATIONS** - Begins on **February 9th** and ends on **May 12th**

➤ **Medical/Surgical/ICU/Staff Relief**

____ No, I will not be able to host interns

____ Yes, I will host _____ intern(s)

____ Number of PDI interns my site will take at the same time

____ Week(s): Length of time preferred for rotation

➤ **Outpatient or Long Term Care**

____ No, I will not be able to host interns

____ Yes, I will host _____ intern(s)

____ Number of PDI interns my site will take at the same time

____ Week(s): Length of time preferred for rotation

In order to try to place the intern(s) at your organization during the best possible times, please cross-out days/weeks that will not be convenient on the attached monthly calendars and **return** to Michele Bailey by **April 11, 2014**.



Following is our PDI calendar. Please **"X"** out any days/weeks that you would prefer **NOT** to have interns.

2014 August							2014 September							2014 October							2014 November						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
					1	2		1	2	3	4	5	6				1	2	3	4							1
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22
24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29
31							28	29	30					26	27	28	29	30	31		30						

2014 December							2015 January							2015 February						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6					1	2	3							
7	8	9	10	11	12	13	4	5	6	7	8	9	10	1	2	3	4	5	6	7
14	15	16	17	18	19	20	11	12	13	14	15	16	17	8	9	10	11	12	13	14
21	22	23	24	25	26	27	18	19	20	21	22	23	24	15	16	17	18	19	20	21
28	29	30	31				25	26	27	28	29	30	31	22	23	24	25	26	27	28

2015 March							2015 April							2015 May						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7				1	2	3	4						1	2
8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9
15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16
22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23
29	30	31					26	27	28	29	30			24	25	26	27	28	29	30
														31						